

**Governor's Interagency and Community Council on Homelessness
Plan to End Homelessness:**

PLAN FOR HOUSING

The Governors support the goal of ending chronic homelessness and recognize the shared responsibility that local state and federal governments have in combating this social problem...The Governors recognize that ending homelessness contributes to economic development and improves quality of life for everyone in the community.

National Governors Association
February 2005

Housing matters...Housing is inextricably linked to access to jobs and healthy communities and the social behavior of the families who occupy it. The failure to achieve adequate housing leads to significant societal costs.

Millennial Housing Commission
May 2002

The conclusions of this analysis indicate that the lowest income households, those with the affordability gap, have the most immediate and serious housing needs. They have few alternatives to secure affordable housing, none of which are attractive.

Arizona Affordable Housing Profile
2002

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Section 1: Executive Summary

Governor Janet Napolitano created the Governor's Interagency and Community Council on Homelessness (ICCH) through an Executive Order on June 5, 2004. The purpose of the ICCH is to guide the development and implementation of a state level plan to end homelessness for Arizonans with a focus on families who are homeless. The state plan has four goals: (1) prevent homelessness, (2) build the infrastructure to address homelessness, (3) manage outcomes, and (4) create permanent housing. This document contains the housing plan of the State Plan to End Homelessness.

Need

Using the relatively narrow definition of homelessness provided by the U.S. Department of Housing and Urban Development, data from the three Arizona Continua of Care suggest there are 12,264 homeless Arizonans¹. The vast majority face significant economic challenges rather than disability. Their need is for safe, decent, and affordable housing but resources are limited and many of the options that currently exist are threatened by federal cutbacks. Their housing needs are very real and must ultimately be addressed if homelessness is to be ended.

Although all homeless persons need safe, decent, and affordable housing, this plan recommends the state of Arizona initially focus on those long-term homeless individuals and families who need supportive housing (affordable housing with wrap-around services) in order to move out of homelessness. This is a relatively small subset of the overall population, but research points out that this group is desperately needy and highly costly to communities. In theory, addressing the needs of this group in the short term should free up critical resources in the years ahead to better address the broader affordable housing need.

The Continua data suggests that Arizona currently has an inventory of just under 4,600 beds of supportive housing but there remains a need of at least 996 beds (approximately 343 units) of supportive housing for homeless families with at least one disabled member, and 2,723 units of supportive housing for individuals. The number of beds needed for long-term homeless families and persons is a subset of this need: 343 units are needed for families and 1,348 units are needed for single individuals.

Barriers

A number of barriers to the development of affordable permanent supportive housing were identified by those who participated in the development of this plan including the high cost of land and construction and the impact of zoning issues. Operational barriers, such as the lack of subsidies for very low-income housing, and the difficulty obtaining

¹ This number reflects the total number of homeless individuals and homeless persons in families that were reported to HUD in the 2005 Continuum of Care applications submitted by Arizona's three Continua. Because of changes in the methodology acceptable to HUD implemented in 2005, only persons actually counted in the street and shelter counts could be included in the total. In the past, Continua included the actual count and an estimate of homeless persons missed. In 2004, that approach resulted in a reported 21,148 homeless persons in the state. Based on input from state experts, the authors believe that the 2004 number more accurately reflects the homeless population of the state.

and sustaining support services were also cited. Move-in costs and lack of accessibility were identified as barriers to individuals seeking housing and regulatory issues such as impact fees, the implementation of “crime free housing,” and costs related to some elements of building codes were also cited. Finally, the lack of public awareness regarding both the need for and possible solutions to affordable housing were cited as significant barriers to obtaining the political will needed to address the problem.

Principles

In order to guide the efforts to implement this housing plan, the following principles are recommended:

- Housing should be safe, decent, affordable, accessible, and appropriate.
- Preservation of existing affordable housing stock is a priority.
- Rapid re-housing (Housing First) should be a priority for projects funded with state resources.
- Housing sites should be accessible to services, employment, educational opportunities, and public transportation, recognizing urban, rural, and tribal differences in Arizona.
- Housing should be integrated into neighborhoods that are compatible with residential and service needs of those who will live in the housing.
- Persons who are not able to be totally independent should have access to housing and support in a humane environment that provides as much independence as he/she can manage.
- All support should start with an individual’s strengths and should be viewed as a partnership between the provider and customer to enhance self-worth and self-respect.
- Participation in services should be voluntary to the residents in any permanent housing setting.
- To the degree possible, affordable housing should be distributed within and throughout all political jurisdictions of the state.

Proposed Goals and Actions

Based on the identified needs and barriers, the following actions are recommended to enhance the development of affordable housing in Arizona.

GOAL 1: Increase supportive housing development

Action a: In partnership with local government, non-profit and private developers, develop **343** units of supportive housing for long-term homeless families within five years.

Action b: In partnership with local government, non-profit and private developers, develop **1,348** units of supportive housing for long-term homeless individuals within five years.

GOAL 2: Expand the housing and services resources available for supportive housing.

Action a: Create an interagency planning group on supportive housing.

Action b: Review current housing program funding priorities and target more resources for supportive housing.

Action c: Create a private pool of very low-interest loan or grant funds to cover the total development cost gap in projects for homeless and other very low-income persons.

Action d: Develop a targeted approach for using mainstream programs for support services in supportive housing.

Action e: Support expansion of state and local (city and county) housing trust funds.

GOAL 3: Increase public awareness of the need for affordable housing and solutions to the lack of affordable housing.

Action a: Encourage the development of the “Governor’s Supportive Housing Design” award.

GOAL 4: Research and analyze key barriers to accessing affordable housing.

Action a: Convene a work group to review the current status of unregulated board and care homes in Arizona and their impact on homelessness.

Action b: Convene a work group of state agency and private stakeholders to discuss the impact of “crime free housing” and ways of meeting the spirit of the law without increasing homelessness.

GOAL 5: Encourage the role of the federal government in affordable and supportive housing

Action a: Advocate for sustaining and expanding federal funding for both housing and services.

RECOMMENDED Priority Action Items for 2006-2007

Staff recommendations regarding action items for 2006-2007 for discussion at the December 2005 ICCH meeting.

ACTION ITEM	RESPONSIBLE PARTY	TARGET COMPLETION DATE
1. Support the development of 135 units of supportive housing for long term homeless individuals	ADOH	12-31-07
2. Support the development of 34 units of supportive housing for long term homeless families	ADOH	12-31-07
3. Develop action plan with local partners for expanding availability of new units of supportive housing for long term homeless families (343 units) and individuals (1,348 units) across the state and establish annual targets	ADOH/Local Governments	6-31-06
4. Create an Interagency Planning Group on Supportive Housing.	ICCH	3-30-06
5. Explore strategies for improving public awareness and support for supportive housing across the state.	ICCH	6-30-06
6. Advocate for both the sustaining and expanding of federal funding for both housing and services.	Governor's Office/Departments	On-going

Section 2: ICCH Background

The Interagency and Community Council on Homelessness

Governor Janet Napolitano created the Governor's Interagency and Community Council on Homelessness (ICCH) through an Executive Order on June 5, 2004. The purpose of the ICCH is to guide the development and implementation of a state level plan to end homelessness for Arizonans with a focus on families who are homeless. The ICCH identifies policy, practice, and funding actions that can be taken at the state level to prevent and end homelessness through support, involvement, and coordination among multiple state agencies and the private sector.

The ICCH is comprised of representatives from the Departments of Commerce, Corrections, Economic Security, Education, Health Services, Housing, Juvenile Corrections, Veterans Services, and the Office of the Courts, the Government Information Technology Agency (GITA), the Governor's Office for Children, Youth and Families, and the Arizona Health Cost Containment System (AHCCCS). In addition, the Governor has appointed private sector representatives to the Council. (*See Appendix A*)

The development and implementation of the Arizona State Plan to End Homelessness is being achieved through a project structure that includes the ICCH, the State Homelessness Work Group, and community input and involvement.

The ICCH is chaired by Governor Napolitano and, in her absence, is co-chaired by Dr. Sheila Harris, Director of the Arizona Department of Housing, and David Berns, Director of the Arizona Department of Economic Security. The Council is the primary decision making authority regarding the content of the state plan, the implementation schedule, and strategies.

The Housing and Services Plans

The state plan to end homelessness has four goals: (1) prevent homelessness, (2) build the infrastructure to address homelessness, (3) manage outcomes, and (4) create permanent housing. The "services component" of the state plan focuses on the first three goals. A link to the services plan can be found at the Arizona Department of Housing website, www.housingaz.com.

This document addresses the fourth goal – the creation of permanent housing. To facilitate the development of the housing component of the state plan, data was gathered from current research on homelessness nationally and in Arizona and a "planning workbook" was developed. The initial version of the workbook was revised based on input from two dozen housing experts from across the state who met in March of 2005 to review a draft of the workbook.

The revised workbook was then used to support the agenda of a daylong housing summit held in Phoenix in April 2005. Over 135 people from across the state attended the summit. The comments, recommendations, and priorities identified at the summit were used to craft an early draft of this document. That draft was then shared with participants in a number of forums and focus groups (See below). In addition, a number

of comments were received by mail and email. Consideration was given to all comments and, in some cases, changes, clarifications, and/or additions were made to the plan.

HOUSING PLAN PRESENTATIONS

Date	Location	In Conjunction With	Primary Emphasis
Monday, June 20	Maricopa Assn. of Governments Phoenix	Maricopa C of C Planning Subcommittee	Members of the Maricopa Continuum of Care
Thursday, July 14	San Carlos Apache Gold Casino San Carlos	AZ Commission on Indian Affairs	Tribal Communities
Thursday, July 21	Yuma City Hall Yuma	Yuma Coalition to End Homelessness	General Public
Wednesday, July 27	Tucson Comm. Svcs. Dept. Tucson	City of Tucson	Homebuilders, Property Managers
Thursday, July 28	Flagstaff City Hall Flagstaff	City of Flagstaff; AZ Housing Commission	General Public
Thursday, August 11	Tucson Comm. Svcs. Dept. Tucson	Tucson Planning Council for the Homeless (TPCH)	Members of TPCH
Wednesday, August 17	Steele Commons Phoenix	Central Arizona Shelter Services	Formerly Homeless Residents of Supportive Housing (single individuals)
Thursday, August 18	El Conquistador Resort Oro Valley	Governor's Rural Development Conference	General Public, Rural Communities
Friday, August 19	Flagstaff	Arizona Housing Authority Directors Association	Public Housing Authority Directors
Tuesday, August 23	Arizona Multihousing Assn. Phoenix	(Special Meeting)	Members of the Arizona Multihousing Association
Wednesday, August 24	Vista Colina Phoenix	Central Arizona Shelter Services	Homeless Families
Thursday, October 27	Southern AZ Homebuilders Assn. Tucson	(Special Meeting)	Homebuilders

This plan was also vetted by the ICCH Work Group, the body created to ensure that the services and housing plans are coordinated.

Section 3: Definitions

This section is designed to ensure that the key terms being used in this document are clear to everyone. A common vernacular is critical to ensuring that the policy and program discussions, which take place through the use of this plan, reflect shared understanding of the these terms.

Homeless Person

There are a number of definitions of who is considered homeless. Generally, they differ in their expansiveness. Obviously, the breadth of the definition will affect the homeless census numbers.

Perhaps the most comprehensive definition is the one used by the U.S. Department of Education (DOE). This definition states that:

The term “homeless children and youth” means

- *Individuals who lack a fixed, regular, and adequate nighttime residence, and includes,*
- *Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason; are living in motels, trailer parks, or camp grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals, or are awaiting foster care placement,*
- *Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,*
- *Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and*
- *Migratory children who qualify as homeless for the purpose of this subtitle because the children are living in circumstances described in clauses (described above).*

The U.S. Department of Housing and Urban Development (HUD) definition of homelessness provides a much narrower definition that does not include persons who are *sharing housing* or live in *substandard housing*.

According to HUD, a person is considered homeless who, “*lacks a fixed, regular and adequate night time residence, and has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations; (B) an institution that provides temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.*”

While there is little doubt that the comprehensive DOE definition probably more accurately reflects both those who are homeless and those who are in imminent danger of homelessness, for **the purposes of this document, the HUD definition is being used** for the following reasons:

- Many housing resources are distributed using the HUD definition.
- Current data on homelessness is collected using this definition.
- It allows the targeting of limited resources to the most needy.

It should be noted, however, that the use of this definition does not diminish the fact that significant numbers of Arizonans live in overcrowded and substandard conditions, and the mere decision to not include them as “homeless” does not mitigate their suffering or peril or diminish the need for additional planning to address their situations.

Continuum of Care (CofC)

Continuum of Care (CofC) is a term coined by the U.S. Department of Housing and Urban Development (HUD) to describe a coordinated community-based process of identifying the needs of homeless persons and crafting a system to address those needs from emergency shelter and services to permanent housing. The approach is predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying causes and unmet needs - physical, economic, and social.

Long Term Homelessness (Chronic Homelessness)

The federal government defines a "chronically homeless" person as *"an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years."*

According by the National Coalition for the Homeless, the federal "chronic homelessness" definition excludes the following groups of people: children (with disabilities and without disabilities) who are homeless with their parents; parents (with disabilities and without disabilities) who are homeless and who have children with them; youth on their own with disabilities who have not been homeless long enough to fit the federal definition; youth on their own without disabilities; unaccompanied individuals with disabilities who have not been homeless long enough to fit the federal definition; unaccompanied individuals without disabilities; and unaccompanied individuals who are unwilling to be declared disabled.

Many have argued the term "chronic" related to homelessness is not appropriate and "long-term homeless" is a more descriptive and less pejorative term. For the purposes of this document, the terms long-term homelessness and chronic homelessness will be used interchangeably.

Permanent Affordable Housing

Permanent affordable housing is safe, decent, non-time limited housing that requires no more than 30 percent of the household income for rent and utilities. For very low income and homeless persons the difference between the operating costs for the housing and the actual rent is often covered by local, state, or federal subsidies. Permanent affordable housing takes several forms from multi-unit housing developments to scattered site units.

Permanent Supportive Housing

Basically, permanent supportive housing is the same as affordable permanent housing except that support services are readily available to tenants. More precisely, supportive housing is defined as "decent, safe, and affordable community-based housing that provides residents with the rights of tenancy under state/local landlord tenant laws and is linked to voluntary and flexible supports and services designed to meet residents' needs and preferences. (*From Opening Doors, Issue 20, 1/03, TAC*)

There are three key elements of permanent supportive housing:

1. *Capital funding* (only if housing is developed by provider, not leased).
2. *Subsidies* which protect affordability by covering the difference between what is collected in rents and the actual cost of operating the facility.
3. *Flexible and voluntary supportive services*, which might include, case management, counseling, health services, mental health services, alcohol and substance use services, independent living skills, community-building activities, vocational counseling, and job placement.

According to “Developing the ‘Support’ in Supportive Housing: A Guide to Developing Family Supportive Housing” by the Center for Urban Community Services, the following core principles have informed and guided the development of supportive housing over the years:

- Permanence and affordability defined as housing that is not time-limited in any way and requires no more than 30 percent of a household’s income for rent and utilities.
- Safety and comfort, meaning meeting or exceeding building codes and often includes extra security.
- Accessible and flexible support services that promote housing stability which means tenant’s goals should be reflected in the design of the supportive services program and the services should be able to be adjusted as tenant needs change. Relevant services will ensure participation by most residents.
- Empowerment and independence which means tenants should be involved in the management of the facility through tenant councils and advisory groups as well as given opportunities for employment. Empowerment also means that tenants have control over their lifestyle choices even though they may conflict with the housing sponsor’s preferences as long as the tenant’s behaviors do not result in breaking rules that are common to rental agreements in any rental housing arrangement.

Transitional Housing

Housing for families and individuals with attached services and usually with a limit on the maximum amount of time the family or individual may remain in the housing (HUD funded programs allow 24 months). Residents are usually required to participate in certain services in order to maintain the resident status.

Housing First or Rapid Re-Housing

Most basically, “housing first” means affordable non-time limited housing with wrap around services as needed. The housing first approach rests on two central premises:

1. Rehousing should be the central goal in all efforts to assist people experiencing homelessness.
2. By providing housing assistance and follow-up case management services after a family or individual is housed, the amount of time people spend in homelessness can be significantly reduced.

There are three elements of the housing first approach:

1. Crisis intervention, emergency services, screening, and needs assessment.
2. Housing assistance services, or services which assist homeless clients overcome barriers to rehousing.
3. Case management services to support homeless families and individuals before they move into housing and after they are re-housed.

The housing first model requires access to both affordable housing and services to be successful.

Section 4: Housing and Homelessness: The National Context

It is important to understand the problem of homelessness in Arizona within the national context.

In 2002, The Millennial Housing Commission, a bi-partisan blue ribbon panel, was convened to consider the state of housing in the United States. Their report framed the issues quite succinctly: “affordability and lack of decent housing are a growing problem, particularly for low-income families.”

That is the context in which the poorest Americans, our nation’s homeless population, must compete. Modern homelessness in the United States is well into its third decade and shows no signs of abating. While solid numbers are elusive, a report by the Urban Institute in 2000 estimated as many as 3.5 million Americans experience homelessness at some point in any given year. (“A New Look at Homelessness in America,” Urban Institute. February 1, 2000)

Some argue that federal homelessness assistance policies over the past two decades have done little to slow the growth of the problem while others argue that without the \$2 billion dollar a year federal investment in targeted homelessness assistance programs, many more people would be on the streets.

Despite this range of opinions on the effectiveness of past programs and policies, it is clear that a new consensus is emerging about how to more successfully address this American crisis.

Long-Term Homelessness

Researcher Dennis Culhane, in “New Strategies and Collaboration Target Homelessness,” (Fannie Mae Foundation, Vol 4, Issue 5) argues that recent research on homelessness has helped to identify effective solutions, thus making the problem more manageable. He states that the focus on “chronic homelessness” (or more

appropriately, long-term homeless persons) at the federal level has emerged from research that suggests that 15 percent of the homeless population, persons with serious health and behavioral health disabilities account for 60 percent of an emergency shelter's expenditures.

The National Alliance to End Homelessness estimates that there are 200,000 to 250,000 long-term homeless persons in the U.S.

According to Culhane, research suggests that supportive housing can have a significant impact in helping this population move off the street and into stable long-term living conditions. Culhane's research in New York City suggests long-term homeless people with mental illness used, on average, \$40,500 a year in public shelter, corrections, and health care services. For those placed in permanent supportive housing, the reduced costs of acute care nearly offset the costs of supportive housing. The Corporation for Supportive Housing suggests that it costs only about \$995 per year more to house a long-term homeless person in supportive housing than to leave disabled homeless persons on the street to use the acute system. Additionally, permanent supportive housing provides a significantly more positive outcome for the individual.

Family Homelessness

According to Debra Rog and Marjorie Gutman ("Homeless Families Program: A Summary of Key Findings," 1997), "Eighty percent of the people who experience homelessness each year enter the homeless system and exit it again relatively quickly. They are having a crisis that affects their housing. Typically, these households address their immediate problem and re-enter housing. People in this group are both single individuals and families. They do not differ in most characteristics from other people who are poor. They have similar rates of mental illness, substance abuse disorder, physical ailments, and domestic violence experience. They have similar education levels and number of children. One way in which they do seem to differ from their housed, poor counterparts is the depth of their support networks, which are very thin. Also, they often have somewhat lower incomes and may be younger."

Most of these families and individuals do not need special types of housing (e.g., transitional, service enriched, etc.); they just need housing that is affordable."

In support of this contention, Culhane points to a New York City study which showed that 92 percent of families that left the shelter system with a housing subsidy remained housed for two years after placement. A somewhat controversial follow up study suggested that the subsidy alone, even absent post discharge services, was sufficient to provide stability.

This data has been used to support the emerging consensus around the Housing First model.

Other Issues

Culhane points to other positive trends including the refocusing of HUD resources allocated to permanent housing, the 10-year plan movement at the state and local levels, and emergence of public-private partnerships as steps in the right direction. He cautions, however, that the federal rhetoric around "ending chronic homelessness in ten

years” is not being matched by critically needed new service resources outside of HUD (as HUD refocuses on housing).

It should also be noted that proposed federal cutbacks in several mainstream programs, ranging from Medicaid to Section 8, will easily negate any incremental increases in targeted programs.

Section 5: Housing and Homelessness in Arizona: Need

This section focuses on the housing needs of homeless Arizonans. For a broader look at homelessness in Arizona, please consult “Current Status of Homelessness in Arizona,” (13th Annual Report, DES, November 2004).

It is important to understand the homeless population within the context of the housing picture in the state. In essence, homeless persons and very low-income persons compete for a very limited supply of units affordable to them.

According to the National Low Income Housing Coalition (“Out of Reach 2004”), it takes an hourly wage of \$14.93 to rent an average two-bedroom apartment in Arizona. So, even working two full time minimum wage jobs does not guarantee access to housing that is affordable (costing no more than 30 percent of the household income). Moreover, if you are disabled, bearing the burden of a past felony, or endeavoring to escape an abusive situation, your ability to compete for safe, decent, affordable housing is even more compromised.

The “Arizona Affordable Housing Profile” (*HUD, ADOH, Arizona Housing Commission, 2002*) determined that slightly more than 1 in 10 of *all* households in the state face a housing “affordability gap.” This means 10.3 percent of all households did not have housing, or were cost burdened and paying more than 30 percent of their income for housing.

Almost all homeless persons have incomes far below the amounts necessary to afford even the lowest cost unsubsidized housing available. A national survey by the U.S. Interagency Council on the Homeless in December 1999 found that the average income of a homeless family is less than half (46 percent) of the official poverty level for a family of three.

Data from the three Arizona Continua of Care suggests that there are over 12,000 (*see footnote 1*) homeless Arizonans, at a point in time, based on counts of sheltered and unsheltered persons. It should be reiterated that the number is based on the HUD definition and that it does not include those who are doubled up or living in substandard housing. Including those groups in the overall count would very likely significantly increase the total homeless population. For example, data collected by the state Department of Education, which includes the doubled up and house sharing population in addition to the HUD criteria, suggests that last year there were 17,166 children in Arizona who met the federal Department of Education definition of homelessness.

The vast majority of homeless Arizonans are single individuals and families who do not fit within the narrow definitions of some of the disability and special population categories below. They are homeless for a variety of reasons, most often related to economic

challenges. Their need is for safe, decent, and affordable housing. Some housing options exist for this population (e.g. Section 8 and public housing) but resources are limited and many of the options are threatened by federal cutbacks. Thus, their housing needs are very real and must ultimately be addressed if homelessness is to be ended.

However, given current resource constraints, this plan focuses on those families and individuals who are in need of supportive housing. This is a relatively small subset of the overall population, but as the research outlined above points out, it is a group that is desperately needy and highly costly to communities. In theory, addressing the needs of this group in the short term should free up critical resources in the years ahead to better address the broader affordable housing need.

On a single date in 2005 (“point in time”), the three continua of care in Arizona determined that there were 12,264 homeless persons living in families in a shelter, transitional housing, or unsheltered (a family is defined as at least one adult and one child). In addition, 435 veterans in emergency and transitional housing have been identified within the sheltered homeless population and 1,257 domestic violence victims were sheltered at the time of the count. Also, 71 youth were identified by the Continua as sheltered homeless persons.

As is clear by the above information and footnote one, obtaining accurate counts of homeless persons is very difficult, given that many live in non-traditional shelter (cars, buildings not intended for human use, or hidden away outdoor sites). Endeavoring to identify specific supportive housing needs within the identified sub-populations is equally challenging. Data collection to date does not provide much insight into the variant needs of the various sub-populations and the range of housing needs within each sub-population group. As the HMIS system matures, more data may be available to differentiate the housing and service structures needed for each sub-population. What we do know appears in the chart below (from the three state Continua of Care sheltered population data):

Sub-Population	Maricopa County	Pima County	Balance of State	Total
Seriously Mentally Ill	582	291	118	991
Substance Use Disorder	1,795	583	277	2,655
HIV/AIDS	30	18	0	48 ²

The Level of Need in Arizona

The most accurate planning device we currently have, the Continua of Care (CofC) planning processes across the state, suggests that currently there are 1,031 beds in supportive housing for families which include at least one disabled member and 3,562 beds in supportive housing for single individuals with a disability. Given this inventory of

² According to statistics from the Arizona Department of Health Services, as of 2003 there were approximately 4,127 cases of HIV/AIDS in Arizona. While the number of persons who are living with HIV/AIDS in the state who are homeless and were counted during in the shelter or street counts is clearly a subset of the overall number, it is likely that the number of homeless persons with HIV/AIDS significantly exceeds the 48 people counted by the three Continua.

existing beds, the Continua have identified a need for 996 beds in supportive housing for families in Arizona. Using the ratio of persons per family in existing supportive housing in Arizona (2.9), it is estimated that approximately 343 supportive housing units are needed to meet the current need for families. Again, it should be reiterated that this represents the need for supportive housing only, and is a small subset of the overall affordable housing need for homeless families.

Permanent Supportive Housing for Families

	<u>Current Inventory</u>	<u>Gap</u>
Pima County	91	60
Maricopa County	849*	475
Balance of State	91**	461
TOTAL	1,031	996

* Plus 36 under development

** Plus 6 under development

The CofC process also points to the need for 2,305 beds in permanent supportive housing for individuals, which translates into an equal number of housing units.

Permanent Supportive Housing for Individuals

	<u>Current Inventory</u>	<u>Gap</u>
Pima County	459*	200
Maricopa County	2,925**	2,000
Balance of State	177***	523 ³
TOTAL	3,561	2,723

** Plus 27 under development

*** Plus 22 under development

**** Plus 57 under development

While these numbers are very likely quite conservative, it is the best starting point available for this planning process.

Data collected by the three continua across the state suggest that within the population of disabled homeless individuals, approximately 1,348 meet the federal definition of long-term homelessness (chronic homelessness) that only includes unaccompanied individuals, not homeless family members. Therefore the number of supportive housing units needed for this population is 1,348.

Because no specific data exists on chronically or long-term homeless families in Arizona, the number of families identified by the Continua as in need of supportive housing is being used here as a proxy for the number of chronically homeless families. Thus, the number of supportive housing units needed to meet the current need, as outlined above, is 343.

Future HMIS data will allow us to develop a more precise estimate of the need for supportive housing by long-term homeless families.

³ This number represents the total need for supportive housing for single homeless individuals. The units needed to meet the need of long-term (chronic) homeless individuals are a subset of this number.

Sub-Population Housing Needs

While this section endeavors to identify the unique characteristics of various sub-populations of homeless persons in order to craft housing policies that will meet their needs, it should be noted that seldom do homeless families or individuals fit neatly into a single definitional category. Often persons struggling with substance abuse issues can be dually diagnosed with mental health issues or HIV/AIDS. Families often include persons struggling with domestic violence and substance abuse or mental health issues. Policies and programs that encourage the development of housing and services to assist homeless individuals and families need to recognize these differences and ensure that facilities and programs for homeless persons are appropriately designed to provide the support needed for them to succeed.

While there are many differences within the overall homeless population, to be successful all homeless persons need: (1) safe affordable housing, (2) a livable income, (3) access to affordable health care.

Persons Experiencing Seriously Mental Illness

The housing needs of persons experiencing serious mental illness (SMI) vary widely. Some only need limited service support and can live quite independently. Others have more intensive support needs, some of which will require support services on an ongoing basis. Multiple housing options need to be provided to ensure an appropriate fit.

While there remains a significant need, over 2,000 formerly SMI homeless individuals reside in supportive housing funded under the federal McKinney-Vento programs in Arizona and over 1,000 have been able to transition from Shelter Plus Care programs to subsidized housing in the Section 8 program while retaining their support services.

Two significant problems in this arena are meeting the housing and service needs of persons with mental health issues who do not fit the SMI diagnosis criteria, and those who are dually diagnosed with mental illness and substance use disorder.

Persons Experiencing Substance Use Disorder

This sub-population is by far the largest homeless sub-population of single unattached individuals in Arizona according to the CofC data. Housing options need to connect treatment options and currently very few treatment or post-treatment support options exist outside the halfway house industry.

Currently, halfway houses are unregulated and have no association or trade group for self-regulation. The result is that they often recruit thousands of persons with substance abuse disorders from out of state for non-existent or very limited treatment programs. Without adequate treatment or aftercare, many residents relapse, inadequate intervention services are available within the halfway house, and the resident loses his/her housing. Often this leads to incarceration at a significant cost to Arizona's taxpayers.

Some argue that harm reduction models of permanent housing are needed to overcome the reticence of some users to seek treatment and, perhaps more importantly, give users a safe home base while considering or undergoing treatment. Harm reduction is a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use to managed use to abstinence. (*from Harm Reduction Coalition website*)

Domestic Violence Victims

National statistics reveal that nearly 50 percent of homeless women and children are fleeing from abuse. Central Arizona Shelter Services (CASS), a general homeless shelter in Phoenix, recently reported that 30 percent of their female population has a history of domestic and sexual violence.

Currently, most domestic violence resources are spent on emergency services and transitional housing. In 2003, almost 17,000 women and children were turned away from shelters in Arizona, although there may be some duplication in counting. A recent study by the Maricopa Association of Governments suggests that, that, at least in urban areas of Arizona, almost one of every two requests for emergency shelter for domestic violence victims goes unmet. While provision of safe emergency shelter is a necessary first step in meeting the needs of women fleeing domestic violence, considerable efforts are still needed to secure their long-term safety and welfare.

The primary need for most victims of domestic violence is safe, affordable housing with the necessary support services to address the trauma of the violence and to support building a new life (income, health care, etc.). The Arizona State Plan on Domestic and Sexual Violence contains a recommendation calling for more integrated service delivery (a “wrap around” approach) to better assist victims of domestic violence with overcoming the multiple obstacles faced when trying to obtain self-sufficiency for themselves and their children. The Department of Economic Security (DES) is currently implementing a service integration initiative to attempt to bring more wrap around services to this population.

Protection from housing discrimination on the basis of domestic violence is just one of the many obstacles that keep victims and their children from accessing permanent secure housing. In 2004 the State Legislature passed HB2317, providing protection for victims from eviction if they call 911 to report a domestic violence incident. Efforts are still needed to address ongoing issues that prevent them from obtaining housing if it is revealed that a victim is the plaintiff on an order of protection. Obtaining safety and having the ability to maintain permanent affordable housing is the main objective for women fleeing domestic violence. If women are unable to access housing due to discrimination as a victim or because it is unaffordable they may be forced to return to abusive situations, putting themselves, and many times their children, at further risk of harm and abuse.

Ex-Offenders

Data collected by the Arizona Department of Corrections shows that in 2004, 1,736 offenders were released from prison to homelessness and another 1,799 went to

privately owned group homes. This represents a little over 20 percent of the offender population released that year.

Persons leaving the corrections system, particularly those with felony convictions, face daunting challenges to obtaining employment and accessing housing. They often do not have the funds to pay security deposits or monthly rent. Some are barred from federally subsidized public housing and cannot even stay with relatives in that setting without putting the relatives in peril of losing their housing.

Perhaps the most daunting challenge to obtaining housing for ex-offenders is the Arizona Crime Free Housing statute. Many who support the basic premises of crime free housing argue that the law is unevenly interpreted and applied across jurisdictions. In addition, some argue that the universality of the law does not take into account the type of crime, the time since the crime was committed, or the actions/behavior of the offender during his/her prison days. As a result, ex-offenders cannot access affordable housing and negative outcomes occur. Those who are homeless fare far worse than other ex-offenders. Among the ex-offender population, 35 percent of all warrants and 57 percent of warrants for absconding were issued to ex-offenders who were homeless. Offenders with the most problems accessing safe stable housing are sex offenders, offenders with co-occurring disorders, those with substance use problems and/or drug related felonies, and single mothers with minor children.

Youth

For young people under 18 years of age living on the street, accessing housing is almost impossible. With the exception of those youth who have been legally emancipated, lack of legal status precludes signing leases or accessing public housing. Even for those over 18, lack of information about housing options, low placement on public housing waiting lists because they do not meet any of the local or federal housing preference criteria, unpopularity with landlords due to stereotypes, and lack of credit history provide severe barriers.

Veterans

While most homeless veterans both wish to be and are served within the traditional housing and social service system, some would prefer supportive housing targeted especially for the needs of veterans (e.g., post traumatic stress disorder). However, there are a very limited number of veterans-specific supportive housing units in Arizona.

Persons Experiencing Chronic Health Problems

The barriers to accessing housing for anyone with a serious health problem are significant. For those living on the streets with HIV/AIDS, TB, organic brain syndrome from chronic alcohol use, and an array of other chronic health problems, the need for affordable housing with attached health-related and social services is significant.

Elderly

Although the CofC surveys suggest that the number of elderly homeless persons over 65 years of age remains small, anecdotal evidence suggests a shift both nationally and in Arizona. The housing needs of elderly homeless individuals vary. Many simply need

the kind of support their aging housed counterparts' need, while others, after years on the streets, may need more intensive support services attached to their housing.

Very few beds of permanent supportive housing exist for elderly homeless persons. For those who are not in need of supportive housing, subsidized and public housing programs for the elderly exist across the state, but waiting lists are significant in most places.

Families

Estimates suggest that there are at least 8,000 homeless persons living in family units (meaning at least one adult and one child) in Arizona. The vast majority of these families (75 percent) are headed by single mothers. As the research cited earlier suggests, for most homeless families simply finding affordable housing subsidized at a level that it can be sustained is sufficient to stabilize them and keep them from returning to the streets. Others may need limited supports to assist with money management, parenting skills, or job training and placement, and some may need more intensive long-term support due to the disability of a family member.

However, a significant number of homeless families struggle with issues in addition to economic challenges (e.g., domestic violence, mental health issues, substance use disorders, etc.). For this segment of the homeless family population supportive services in conjunction with housing, such as mental health counseling and childcare, are critical to ensure successful reentry to mainstream life.

In recent years, the supportive housing model has been expanded with great success to include families who need additional support.

Rural Population

While homeless persons living in rural areas are represented in all the groups discussed above, there are unique challenges to housing development in rural areas. Among the most significant challenges are (1) lack of developers (both for-profit and non-profit) who are willing and able to develop housing or supportive housing for very low-income individuals, (2) lack of critical mass in some communities to support a single site project, (3) limited availability of support services, (4) transportation issues, and (5) lack of recognition of the problem of homelessness.

Section 6: Housing and Homelessness in Arizona: Problems, Issues, and Barriers

The following list of barriers to affordable housing in Arizona was developed from data and other information in the three Arizona 2005 Continuum of Care applications, the Arizona Affordable Housing Profile, and the Homeless Work Group. Additional items were provided by those in attendance at the housing experts workshop, the housing summit, and the housing forums and focus groups. The list is reflective of the input of many individuals and does not necessarily reflect the thinking of the Office of the Governor or ADOH. Where appropriate, however, the Homelessness Work Group and the interagency supportive housing work group (see *recommendations*) will be directed

to assess the identified barriers as they craft strategies for creating supportive housing for long-term homeless persons.

Development Barriers

- Lack of deeper subsidies to encourage development of housing for very low-income persons
- Amount of money required as reserves to get a development loan is too high and has to be held for too long
- Siting
 - NIMBY (Not in my back yard)
 - Cost of Land
 - Zoning
 - Design guidelines that increase cost
 - Site control requirements on front end of tax credit deals make them expensive for non-profits
- Lack of developers willing to do very low-cost housing
 - Multiple funding sources required for a single project
 - Programmatic restrictions serve as disincentives to private developers
- Non-profit capacity, particularly in rural areas
- Lack of for-profit partners for Low Income Housing Tax Credit (LIHTC) deals
- Cost of construction materials

Operating Barriers

- Lack of subsidies
- Difficulty obtaining and sustaining services for supportive housing
- Outdated Arnold v. Sarn provisions
- Limited asset and property management skills of some non-profits

Individual

- Start up costs, deposits, furniture
- Special problems of youth aging out of foster care and other institutions
- Limited information regarding housing availability
- Lack of assistance with sorting through appropriateness of available housing options
- Lack of accessible/adaptable housing
- Resolving credit issues is a barrier to “housing first” model
- Lack of “living wage” makes it almost impossible for low-income people to pay for housing
- Special problems of individuals being discharged from hospitals, behavioral health facilities, jails, etc.
- Understanding of tenants rights and responsibilities
- Identification Cards

Regulatory

- Crime Free Housing
- Unregulated Halfway Houses
- Property taxes on tax credit deals
- Impact/Development fees
- Conflicting LIHTC and state regulations
- Taxes on vacant units
- Building codes (e.g. required parking)
- The costs related to the time it takes to address regulatory issues

Other

- Lack of public understanding of affordable housing and low-income issues
- Lack of low demand facilities
- Lack of political will to address housing issues

Section 7: Housing and Homelessness in Arizona: Existing Housing and Services Resources

Exhibit 1 provides a list of resources for affordable housing, supportive housing, and support services and identifies which homeless sub-populations are eligible for that funding if it is targeted. The exhibit also shows whether the funding can be used for capital, operations, or services. A complete and sustainable supportive housing project will require all three elements. While these funds are available, based, for the most part, on annual appropriations, it is important to remember that many of them are already fully subscribed and many have far more demands for funding than resources available. The information is provided here to: (1) show that some resources do exist to assist homeless persons with permanent supportive housing, and (2) to encourage discussion and consideration of reprioritization where appropriate.

Section 8: Analysis

A recent HUD funded analysis of successful local efforts to address homelessness identified several key elements of success that may have relevance to this effort:

- *Paradigm shift*, not just doing the same thing and working harder but changing the way business is done
- *Community-wide approach*, engaging all affected sectors of the community in the solution
- *Specific organizational structure* designed to move the process forward
- *Private sector involvement*
- *Elected official commitment*
- *Mechanism for tracking progress*
- *New approaches to services*

- *Strategy to combat NIMBY*

It is important to understand that Arizona is not starting from scratch. The ICCH provides the organizational structure to move toward success, and the unique inclusion of private sector representatives on the Council underscores the state's commitment to collaborative approaches to solving complex statewide problems.

In addition, with both the Homeless Information Management Systems (HMIS) and the Arizona Homeless Program Evaluation Project in place, Arizona is on the cutting edge of development of mechanisms for measuring outcomes and tracking progress.

The Governor's leadership in this endeavor is a very important first step in engaging broader involvement of elected officials at all levels.

So, where does Arizona need to focus its efforts? Two areas emerge. First is the area of the **paradigm shift**. We need to rethink our service delivery to homeless persons. We have already begun to do that in the services component of the state plan, but new ideas must emerge for the provision of supportive housing and the critical services attached to that housing. We must look across traditional agency silos and recognize the commonalities amongst our clients, many of whom are falling through the cracks. New resources will be difficult to obtain, but new thinking about how to use existing resources is critical.

The second area is NIMBY. Perhaps it is better called **public awareness**. While resources always remain a challenge, particularly for the long-term sustaining of supportive housing efforts, too often community resistance blocks even those projects with sufficient resources from successfully siting their programs.

In order to improve public support and understanding, better data than currently exists regarding the specific housing and service needs of the various homeless subpopulations and the cost of meeting those needs, or *not* meeting those needs, will be required. The HMIS system is a significant step in the right direction in this area and, in the coming years, it should provide us with rich data on sub-population needs, just as the evaluation project will assist with the success argument.

In order to help the general public and elected officials better understand the solution to homelessness, strategic partnerships will need to be built with the faith community and neighborhood organizations to break down the myths around affordable housing, particularly housing for homeless persons. Successfully educating the public can begin to diminish the fears that fuel NIMBYism. A variety of strategies exist for increasing public awareness, from such things as speakers bureaus, open houses and program tours for neighbors and elected officials at the provider level, to media campaigns and educational forums at the local and state level.

Section 9: Potential Plan Elements: Principles

The ICCH has adopted basic principles for the system developed by the state to end homelessness.

The service delivery must be:

- Efficient, effective, and integrated
- Both individual and family oriented
- Just
- Respectful
- Workable for the entire state of Arizona

The system must include:

- Prevention
- Rapid re-housing
- Accessible support services

Housing Policy and Program Principles

Within the broader guiding principles developed by ICCH for the system, the following **principles** should guide the development of housing policy and programs for homeless persons in the state of Arizona.

1. Housing should be safe, decent, affordable, accessible, and appropriate.
2. Preservation of existing affordable housing stock is a priority.
3. Rapid re-housing (Housing First) should be a priority for projects funded with state resources.⁴
4. Housing sites should be accessible to services, employment, educational opportunities and public transportation, recognizing urban, rural, and tribal differences in Arizona.
5. Housing should be integrated into neighborhoods that are compatible with residential and service needs of those who will live in the housing.
6. Persons who are not able to be totally independent should have access to housing and support in a humane environment that provides as much independence as he/she can manage.
7. All support should start with an individual's strength and should be viewed as a partnership between the provider and customer to enhance self-worth and self-respect.

⁴ Several persons who commented on the Plan for Housing raised concerns about the implementation of a Housing First model in the current fiscal environment. It is recognized that a Housing First model, to be successful, must ensure both affordable housing and accessible services. This principle is intended to establish a goal of a universal housing first model, but it is recognized that it will only be able to be fully implemented when adequate housing and service resources exist.

8. Participation in services should be voluntary to the residents in any permanent housing setting.⁵
9. To the degree possible, affordable housing should be distributed within and throughout all political jurisdictions of the state.

Section 10: Plan Elements: Actions

GOAL 1: INCREASE SUPPORTIVE HOUSING DEVELOPMENT

- a. In partnership with local government, non-profit and private developers, develop **343** units of supportive housing for long-term homeless families within five years. An implementation plan developed in conjunction with local government housing partners should be developed to ensure the supportive housing developed responds to the wide varying needs of long-term homeless families. Targets for the development of supportive housing for long-term homeless families are as follows:

Year 1: 10% of unit goal met (34 units)
Year 2: 25% of unit goal met (86 units)
Year 3: 50% of unit goal met (172 units)
Year 4: 75% of unit goal met (258 units)
Year 5: 100% of unit goal met (343 units)

- b. In partnership with local government, non-profit and private developers, develop **1,348** units of supportive housing for long-term homeless individuals within five years. An implementation plan developed in conjunction with local government housing partners should be developed to ensure the supportive housing developed responds to the wide varying needs of long-term homeless families. Targets for the development of supportive housing for long-term homeless families are as follows:

Year 1: 10% of unit goal met (135 units)
Year 2: 25% of unit goal met (337 units)
Year 3: 50% of unit goal met (774 units)
Year 4: 75% of unit goal met (1,110 units)
Year 5: 100% of unit goal met (1,348 units)

GOAL 2: EXPAND THE HOUSING AND SERVICES RESOURCES AVAILABLE FOR SUPPORTIVE HOUSING

- a. **Create an interagency planning group on supportive housing.**

⁵ Several persons who commented on the Plan for Housing raised concerns about the principle of voluntary services. This principle is designed to establish a goal of ensuring that, where appropriate, permanent housing programs do not link participation in services to tenancy rights. It is recognized, however, that in some cases, primarily in transitional housing, service requirements are both appropriate and necessary.

Staffed by the ADOH, this working group would provide the technical expertise to develop a comprehensive and coordinated supportive housing program across the various state agencies. Initial activities would include:

- Review state regulatory practices that serve as barriers to affordable housing development and propose alternative approaches.
- Ensure all state agency intake and exit interview forms include questions on housing status.
- Develop mechanism for a single monitoring and reporting format to minimize multiple and often redundant reviews and reporting requirements.
- Consider mechanisms for linking local state and federal funding streams to maximize the leveraging of all available resources.
- Explore mechanisms for Tenant Based Rental Assistance (TBRA) rent supplements, operation and maintenance subsidy for providers of very low-income housing to cover operating expenses.
- In conjunction with rental assistance, consider approaches for addressing other barriers to accessing housing, e.g. utility deposits, furniture, credit repair, etc.
- Support emerging state housing related initiatives to prevent and end homelessness.
 - Department of Corrections program to create higher housing standards, consolidate grant resources and processes through collaboration between Community Corrections and programs, to ensure the best use of substance abuse rental assistance funds, for offenders who complete specific substance abuse programming.
 - ADOH Affordable Housing Institute
 - DHS Supportive Housing Program

b. Review current housing program funding priorities and target more resources for supportive housing.

Millions of dollars come into the state every year for housing related purposes and there is no shortage of projects to expend those resources. However, based on the Arizona Affordable Housing Profile, the greatest need is for those with incomes under 30 percent of median. Applications for HOME and Trust Fund resources, as well as Low Income Housing Tax Credits, could include incentives to encourage the development of supportive housing projects or units in partnership with community based service providers.

Models

- The City of Quincy, MA and the Commonwealth of Virginia target HOME funds to supportive housing. In Quincy, the Mayor used over \$1 million in HOME funds to leverage \$1.3 million of other funds to develop 53 permanent units with 37 targeted to persons experiencing long-term homelessness.
 - In Virginia, Governor Mark Warner has set aside \$1 million to launch a pilot program to address long-term homelessness in three Virginia cities. The state's Department of Mental Health, Mental Retardation, and Substance Abuse will also contribute to the pilot effort by providing seed money for services.
- c. Create a private pool of very low-interest loan or grant funds to cover the total development cost gap in projects for homeless and other very low-income persons.**

Model

- The Family Housing Fund (FHF) in Minnesota has provided grant and low-interest loans for supportive housing development in the Minneapolis – St. Paul area for over 20 years. Through a significant foundation grant and numerous private donations, FHF is able to renew its resources on a regular basis.
- d. Develop a targeted approach for using mainstream programs for support services in supportive housing.**

Models

- Maine amended their state Medicaid plan to allow shelters to use their State Operating Subsidy funds as match for targeted case management in the shelter or in supportive housing operated by shelter.
- The Commonwealth (Massachusetts) set aside \$20 million in TANF Emergency Assistance program funds to house homeless families. A \$6,000 incentive payment per family is made to private agencies that place families from shelters into permanent housing.
- Minnesota Family Homeless Prevention and Assistance program provides competitive grants to local communities to (1) prevent homelessness, (2) shorten lengths of time in homelessness and emergency shelters, and (3) prevent repeated episodes of homelessness. The program uses TANF funds as its primary resource for the program.

e. Support the expansion of state and local housing trust funds.

1. Support expansion of state housing trust fund.

Model

- Washington State Document Fee and a similar Florida Program tack an additional amount (in Washington it is \$10) as a documentary fee that is then pooled for affordable housing.
2. Support enabling legislation for local (city and county) housing trust funds.

GOAL 3: INCREASE PUBLIC AWARENESS OF THE NEED FOR AFFORDABLE HOUSING AND SOLUTIONS TO THE LACK OF AFFORDABLE HOUSING

a. Encourage the development of the “Governor’s Supportive Housing Design” award.

In partnership with the university schools of architecture and the Arizona Chapter of the American Institute of Architects (AIA), create an award that would highlight the quality of affordable supportive housing (both new built and rehabilitated) in the state. A design competition involving architects and non-architects could be part of the effort. The award could debunk the “public housing” image carried by many in the public by highlighting good design, while also showing how development costs can be controlled by good design and alternative materials.

GOAL 4: RESEARCH AND ANALYZE KEY BARRIERS TO ACCESSING AFFORDABLE HOUSING

- a. Convene a work group to review the current status of unregulated board and care homes in Arizona and their impact on homelessness.
- b. Convene a work group of state agency and private stakeholders to discuss the impact of Crime Free Housing and ways of meeting the spirit of the law without increasing homelessness.

GOAL 5: ENCOURAGE THE ROLE OF THE FEDERAL GOVERNMENT IN AFFORDABLE AND SUPPORTIVE HOUSING

- a. Advocate for both the sustaining and expanding of federal funding for both housing and services.

The bulk of public resources that Arizona has to develop affordable housing come from the federal government. If Arizona is to be successful in ending homelessness, the continuation and expansion of those resources is critical.

The federal government must under gird its call to end chronic homelessness in ten years with sufficient targeted and mainstream resources to accomplish the task. Specifically the federal government should:

- Ensure the renewals of all permanent supportive housing programs that are successfully serving the intended population.
- Adequately fund targeted homeless programs.
- Pass the Services to End Long-term Homelessness Act (SELHA) to provide support services for supportive housing.
- Withdraw proposals to cut or flat fund mainstream housing programs that serve as the key prevention programs for family homelessness.
- Expand housing production programs targeted to very low-income renters.

Section 11: **RECOMMENDED Priority Action Items for 2006-2007**

This section represents staff recommendations regarding action items for 2006-2007 for discussion at the December 2005 ICCH meeting.

ACTION ITEM	RESPONSIBLE PARTY	TARGET COMPLETION DATE
1. Support the development of 135 units of supportive housing for long term homeless individuals	ADOH	12-31-07
2. Support the development of 34 units of supportive housing for long term homeless families	ADOH	12-31-07
3. Develop action plan with local partners for expanding availability of new units of supportive housing for long term homeless families (343 units) and individuals (1,348 units) across the state and establish annual targets	ADOH/Local Governments	6-31-06
4. Create an Interagency Planning Group on Supportive Housing.	ICCH	3-30-06
5. Explore strategies for improving public awareness and support for supportive housing across the state.	ICCH	6-30-06
6. Advocate for both the sustaining and expanding of federal funding for both housing and services.	Governor's Office/Departments	On-going